



PART 1

Insights from the 16th Annual Meeting of ISMPP 2020: The Evolving Role of The Scientific Communications Professional in an Open World

Using Medical Rhetoric to Enhance Scientific Communications in an Open World at Present

Scientists easily manage different uses of the same term for a limited purpose – this is okay within biomedical discourse but becomes an obstacle for the general public

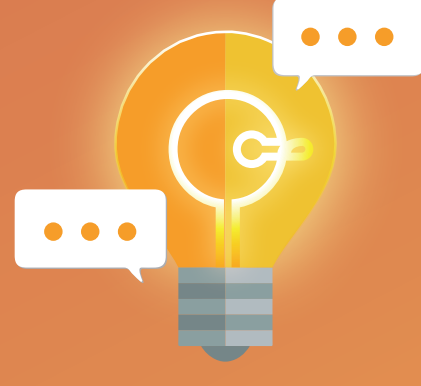
People's thinking is constrained by emotion; scientific narrative is not. Scientific readers must be pushed to exist in a space where there is no melodramatic thinking

Manage this using rhetoric concepts, with these principles reinforcing each other:

- Phronesis (practical wisdom)
- Ethos (character/ethics)
- Techne (skill/craftmanship)
- Praxis (getting things done)

How does this relate to publications?

- Shift from clinical wisdom to broader principles of scientific integrity (eg, bench science, translational medicine, health economics and outcomes research) to help explain different authorship standards
- Identify the phronesis in reviewer comments to help address them
- Publication plan/author agreement/policy – is it a one-size-fits-all approach or tailored depending on the type of publication?
- Authorship could be an ethotic function:
 - Practical wisdom – why do people think they should be an author?
 - Goodwill of audience – credibility of paper, contribute to the credibility of author
 - Commitment to operate from a position of moral virtue as defined by the field in which you publish



Integrity and Open Science - What Should We Do?



Key takeaway: *Scientific communications ultimately benefit patients. The publications industry, in partnership with pharmaceutical companies, government/regulatory bodies, patients, and other medical communications suppliers, **can and should do more** to make the science more readily accessible and digestible for patients and caregivers.*

What are our motivations for open access?

- It is important to provide the science, particularly to patients who are becoming more health-literate; however, often there are resource constraints such as cost and platform
- The COVID-19 pandemic provides a real-life example of how openness (not just open access) can help accelerate progress

What is the industry doing now to improve access?

- Publishing via open access without making it an official policy
- Building open access into budgets, where possible
- Encouraging authors to view open access as favorably as impact factor when taking the measure of a journal
 - Discussing the practicality of making the data available to the public and the benefits of increased awareness, including maximizing readership
 - Fostering communication about it; however, still let the authors decide – do not make open access a mandate

Is it time that patients become more involved in publication development?

- "Patients" encompasses a range of people with varying degrees of health literacy
- There is a difference between exposing patients to the science via journals compared to exposure at conferences, where publications have not been through as rigorous a peer review
- Should more patients be authors on peer-reviewed publications with healthcare professionals (HCPs)?
- Patients are already involved with study design and, to a small extent, authorship; should they be involved in publication planning, too?



Patient involvement varies widely across the industry, based on geography and therapeutic area

Evolving the Process and Extending the Reach of Scientific Platforms



Key takeaway: *A platform should be developed and validated with as many stakeholders as possible, both internally and externally, with medical experts. Ensure that the deliverable format aligns with overall strategy.*

Challenges

- Getting internal alignment
- Winning support from cross-functional teams
- Involving as many stakeholders as early as possible



Validation

- How to align the team internally
 - One-on-one interviews with key stakeholders
 - Collaboration workshop: Get all internal groups together and provide feedback
- Shifting everything virtually
 - Platforms to keep people engaged
 - Consider using a moderator
 - 2–3 hours is an ideal timeframe
- External HCP validation
 - Does the scientific platform resonate with medical experts? Is everyone aligned? Are the priorities and emphasis accurate? Are the goals realistic?
 - How to handle misalignment between external and internal experts:
 - Go back and reevaluate data
 - Is it coming from personal experience?



Platform applications

- Audio or video to replace static slides
- Web-based platforms
 - Allows you to centralize your content
 - Paired with an intuitive design, they can cater to diverse users
 - Can be expensive and take longer to create



Measurability

- Track key performance indicators
- Ongoing updates aligned with strategy



Individualizing Communications: From Concept to Impact



Key takeaway: *Individualize communications to connect with our audiences on a human level, based not only on highly personalized clinical scenarios, but also tailored to each individual's content and channel preferences.*

Scientific storytelling – evolving the way we communicate

- A compelling story must be both emotive and rational to help impact behavior
- Data alone is not enough to change behavior – need to communicate with the audience on a human level
- We should think beyond the data to make our story compelling, believable, and actionable
 - The beginning of a paper will introduce a clinical issue and/or emotive concept; the middle contains data and rational discussion; end with results and outcome

The rise of precision medicine

- Traditional model: Medicine largely specialty-driven; diagnoses driven by symptoms; treatment decisions made on data
- Healthcare communications reflect this, targeting specialty groups
- Current medicine will force us to communicate to a wider group (eg, patients, payors), so it is important to extend publication reach

Individualizing communications

- Need to understand that every audience persona is unique – consider Gen X versus millennials versus baby boomers
- Different personas need different approaches as learning preferences vary
- Need to think beyond the HCP
- Data visualization makes complex information easier to understand (eg, graphs, infographic posters), and can be shared across different channels to reach the target audience
- Every interaction can tell us more – engines combine multiple data strands (online interactions, qualitative/quantitative research, third-party media info)
 - This data builds a personalized behavioral map of the HCP which allows us to personalize interactions further
 - We can then start applying AI – predictive personalization utilizes machine learning to profile tools and data analysis, adapting content presented in real time
 - Must ensure HCPs and patients can access content that is new and not just aligned with current thinking or preferences

